

STATE OF NEW HAMPSHIRE
OFFICE OF THE CHIEF MEDICAL EXAMINER

246 Pleasant Street, Suite 218, Concord, New Hampshire 03301
PHONE: (603) 271-1235 – FAX: (603) 271-6308

Request Form

I, _____, am the _____ of
Your name Relationship
_____, who was born on _____
Name of decedent Date of birth
and passed away on _____.
Date of death

I am requesting the:

- ☐ Autopsy Report
- ☐ Investigation report
- ☐ Toxicology report
- ☐ Driver's license or state
ID, if available

Please mail reports to _____
Your address

If you have any questions, I can be reached at _____
Phone number

I certify that I am the legal Next of Kin

Signature Date

Please mail or fax this form to the office. Once the case is finalized, we will mail out the requested reports.